

**AMERICAN BATTLEFIELD PROTECTION PROGRAM
ASSOCIATED HISTORIC PROPERTY FORM**

Name of Resource: _____ **Survey Code:** _____

Other Names: _____

Significant Dates: _____ **War:** _____

Does the property contribute to a District? **Yes No**

If Yes, **District Name:** _____

Campaign: _____ **Battle:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

USGS Quadrangle Map(s): _____ **County:** _____

Geographical Relationship to Nearest Main Road Intersection or Town: _____

RESEARCHER (Person Completing Form)

Name _____

Organization _____

Address _____

City, State, ZIP _____

Telephone/Email _____

OWNER/LOCAL CONTACT (Person Who Can Update Changing Resource Conditions)

Name _____

Organization _____

Address _____

City, State, ZIP _____

Telephone/Email _____

MUSEUM, PARK, OR COMMEMORATIVE AREA AT THE SITE (or None)

Name _____ Size of Park (Acres) _____

Superintendent/Site Manager _____

Address _____

City, State, ZIP _____

Telephone/Email _____

Is there a Visitor Center at the Site ? **Yes No**

Does the Park Interpret the Resource? **Yes No**

FRIENDS OR SUPPORT GROUP FOR THE SITE (or None)

Group Name _____

Group Contact _____

Address _____

City, State, ZIP _____

Telephone/Email _____

For multiple Friends or Support Groups, please attach additional sheets.

ASSOCIATED HISTORIC PROPERTY REGISTRATION

National Historic Landmark? **Yes No** National Register/DOE? **Yes No** Register Number _____

Property Name (NR) _____

106 Consensus DOE/SHPO Opinion? **Yes No** HABS/HAER? **Yes No**

State Register? **Yes No** State Register Number _____

Local Listing? **Yes No** Type of Listing _____

Are contributing sites, structures, or other resources listed? Explain:

CERTAINTY OF ASSOCIATED HISTORIC PROPERTY LOCATION

Do surface remains such as buildings, structures, ruins, objects, natural features, or other physical evidence survive and indicate the site location precisely? **Yes No**

Does documentary evidence (such as period maps) testify conclusively to location? **Yes No**
(Please attach copies of sources if applicable.)

Does identification rely primarily on local tradition and/or testimony of local collectors? **Yes No**
(If yes, please be sure to include these local contacts on the sources sheet.)

Is the selected site one of other possible locations for the resource? **Yes No**

Is the resource **Destroyed Missing Moved ?**

CURRENT LAND USE (check one)

☐ Forest

☐ Open Space (non-agricultural)

☐ Agricultural (field, pasture, woodlot)

☐ Commercial farming (feedlot)

☐ Water (lake, river)

☐ Urban

☐ Residential

Describe Other:

☐ Industrial

☐ Commercial

☐ Waste (dump/quarry)

☐ Highway/railroad

☐ Cemetery/Burial

☐ Other

ASSOCIATED HISTORIC PROPERTY CHARACTERISTICS

Dates of Construction _____

Theme* _____ Subtheme* _____

*Please see appendix for Theme/Subtheme list

Building Function*

Historic _____

Current _____

*see appendix for Function list

Additional Comments on the function of the resource: _____

Building Type: _____

Additional Comments on the building type: _____

Structural System

☐ Brick ☐ Earth ☐ Frame ☐ Log ☐ Masonry ☐ Metal ☐ Unknown ☐ None ☐ Other

Additional Comments on the structural system: _____

Materials

Please select from the following list: Brick, Earth, Metal, Stone, Wood, Other, Unknown, None

Foundation _____

Walls _____

Roof _____

Other _____

Describe other: _____

Additional Comments on materials: _____

Condition of Property

Please assess the overall condition of the resource: (Check One)

- ☐ Property has undergone minimal change since the period of significance.
- ☐ Property retains visible features of original design, but has undergone substantial change since the period of significance.
- ☐ Property does not retain any visible features of original design, but may retain archaeological potential.
- ☐ Property does not retain any physical or archaeological evidence of the original design.

Have there been major alterations or additions to the resource?

Yes No

If yes, please describe: _____

Are there secondary structures or outbuildings associated with the resource?

Yes No

If yes, please describe: _____

Condition/Integrity Description:

Architectural/Site Description:

Please attach your sketch map of the site.

THREATS TO SITE INTEGRITY

Rate of Land Use Change in the Vicinity within Last Ten Years (check one)

- | | |
|--|---|
| <input type="checkbox"/> No Change | <input type="checkbox"/> Steady Change Appears to be Accelerating |
| <input type="checkbox"/> Occasional Change | <input type="checkbox"/> Rapid, Large-scale Growth or Development |
| <input type="checkbox"/> Slow, Steady Change | |

Type of Land Use Change Occurring (Check All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> Highway Construction | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Dam Building/Impoundment | <input type="checkbox"/> Strip Commercial |
| <input type="checkbox"/> Quarrying/Strip Mining | <input type="checkbox"/> Regional Retail Center |
| <input type="checkbox"/> Single Family Homes | <input type="checkbox"/> Office Park |
| <input type="checkbox"/> Housing Subdivisions | <input type="checkbox"/> Industrial Buildings |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Industrial Park |
| <input type="checkbox"/> Apartment Buildings | <input type="checkbox"/> Commercial Agricultural Buildings |
| <input type="checkbox"/> School/Church/Institution | <input type="checkbox"/> Clear-cut Logging |

Other: _____

Describe Immediate Threats to the Site's Integrity (within next few years)

Describe Long-term Threats to the Site's Integrity (within ten years)

LOCAL PLANNING

County/City has Comprehensive Land Use Plan? **Yes No** County/City Uses Zoning? **Yes No**

Describe Comprehensive Plan Recommendation for Resource and Vicinity (if applicable):

Describe Current Zoning of Resource and Adjacent Areas (if applicable):

RESOURCE OWNER (check one)

☐ Private

☐ Private/Non-Profit

☐ Local Government

☐ State

☐ Federal

Identify Federal, State, Local Agency Owners and Private Non-Profit Owners:

ASSOCIATED HISTORIC PROPERTY BOUNDARY

The **Potential National Register (PotNR) Boundary** should contain that portion of the Resource that remains after parcels of lost integrity are subtracted. The PotNR Boundary will be considered the present-day boundary of the Associated Historic Property.

Describe the PotNR Boundary: _____

Justify Demarcation of the PotNR Boundary:

Please attach the Statement of Significance

APPENDIX**Themes & Subthemes**

Theme	SubTheme
Economics of War	Agriculture
	Commerce
	Finance/ Credit/Debt
	Forestry/ Lumber Production
	Industry
Government, Law, Politics, and Diplomacy	Conventions and Public Meetings
	Crown and Loyalist Property Condemnation and Seizure
	Seats of Government
	Territorial Expansion
Intellectual History	Ideology of Revolution
	Religion and its Influence on Participation or Opposition to the Wars
	The Press and Propaganda
Military	Cemetery
	Encampment/ Quarters
	Installations
	Land Action
	Medical
	Naval
	Personnel/ Training
	Supply and Logistics
Society	Labor
	Participation of Women and Minorities
	Social Unrest
Transportation	*

Historic/Current Functions (Suggested List):

agricultural outbuilding/ storage
campsite
capitol/city hall
cemetery
church/ religious facility
commercial business/ trade
correctional facility
courthouse
domestic dwelling
financial institution
fortification
government office/ customs house
hospital
industrial facility

institutional housing
library
manufacturing facility
military facility
natural/ landscape feature
naval/ marine facility
other
public square/ common
school/college
transportation feature
unknown
vacant
warehouse